

# Listening to you

In early 2020, we spoke to local people about which aspects of health and social care they'd like us to focus on in the next 2 years. In March, Covid-19 meant that everything suddenly changed. This report outlines the issues you told us about before the impact of the pandemic was known; we believe these experiences are still relevant to services as they consider how they adapt and change in light of Covid-19.

**What you told us will help shape the work of Healthwatch Sheffield as we consider our focus for the next 18 months.**

**healthwatch**  
Sheffield

# What we did

We spoke with over 350 local people from a range of different backgrounds and life experiences. We spoke to members of the public, as well as staff and members of 29 local groups and organisations. We used different methods including online and paper surveys, as well as individual and group conversations. We visited established community groups, but also spoke to people in public locations such as sports and shopping centres. More than 50 people were members of the Black, Asian, Minority Ethnic and Refugee (BAMER) community. More than 30 people were aged 25 or younger.

We asked people questions about what aspects of health and social care services Healthwatch Sheffield should focus on in our future work. We also asked people what they thought about Healthwatch Sheffield. We looked at the range of topics people told us about, and drew out key themes and messages.

# What we found

## **These are the five key messages:**

- Mental health services are difficult to access and are not working well
- Different services across health and social care are not working well together
- Services are not tailored to people's needs and life circumstances
- Local people are interested in wider social, economic and environmental issues related to health, the prevention of poor health and promotion of wellbeing
- Healthwatch Sheffield has an important role in gathering the views of local people and impacting change and there are ways we can expand our work.

## **Views and experiences with health and social care in Sheffield**

Some people spoke about specific kinds of services, while others raised common issues across services and wider issues related to health and social care in general. The specific kinds of services we heard about include Mental Health, GPs, Hospitals, Social Care Services and processes, Dentistry, Services for musculoskeletal problems, Pharmacy, Opticians, Sexual Health Services and Cancer services. The following are some of the more widely discussed issues.

# Mental health

**Mental health was the most widely-discussed issue that emerged from the data. We learned that it is difficult to access mental health services due to long waiting times and that people are struggling in times of crisis.**

Generally, those who spoke to us saw mental health services as ineffective. People felt that there needs to be more tailored provision for people with a range of different needs and life circumstances, including children and young people, people from ethnic minorities, women, and elderly people.

At the same time, we heard that mental health is impacted by wider social issues such as poverty and stigma and that awareness on these issues needs to be raised in the community and across the public sector.

Finally, it was suggested that patients should be better informed about their mental health treatment and that the community as a whole should be better informed about changes to services including reasons for the closure of services.



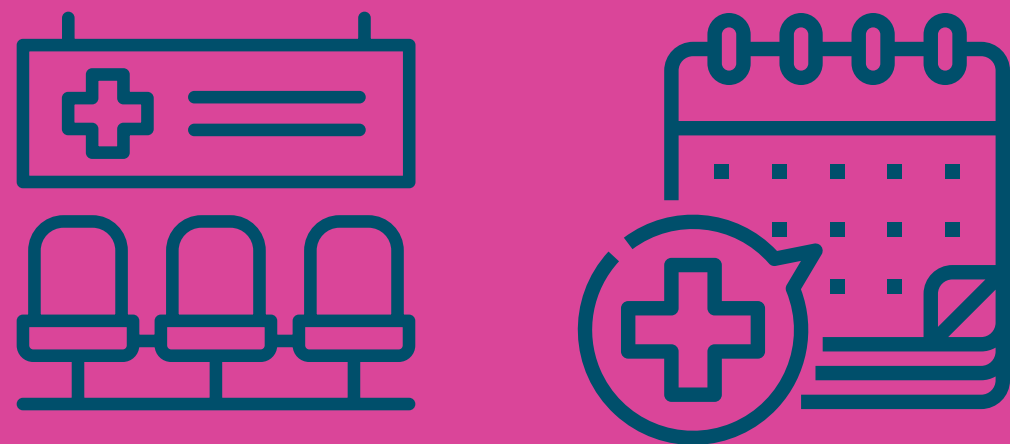
**It's just a nightmare trying to get any Mental Health service at present, things only get worse. I've been waiting over 3 years to get talking therapy, I keep trying to ring crisis helpline but it's always an answer phone.**



# GP Practices

**We heard from a lot of people about issues with GP practices.  
The main things we heard about were:**

- **Long waiting times** for appointments.
- **Lack of flexibility** when booking appointments. People wanted more evening or weekend slots, and options for home visits where people needed them.
- **Feeling heard** - people told us that appointments were too short and felt rushed.
- **Telling the story every time** - we were told that doctors sometimes did not have enough background information on patients, so patients had to give the same information more than once.
- **Outside the appointment room** - people described poor attitudes of reception staff, inaccessible patient calling systems and poor conditions in waiting areas.



**I know all doctors are busy but I can never get an appointment.**



**I really struggle with my GP practice. I very rarely go, but always feel like I'm being 'fobbed off' when I finally do. All services that I have had assistance with recently, i.e. physio, specialist vestibular physio etc., I have gone private as my doctors have not seriously listened to my concerns.**





# Hospitals

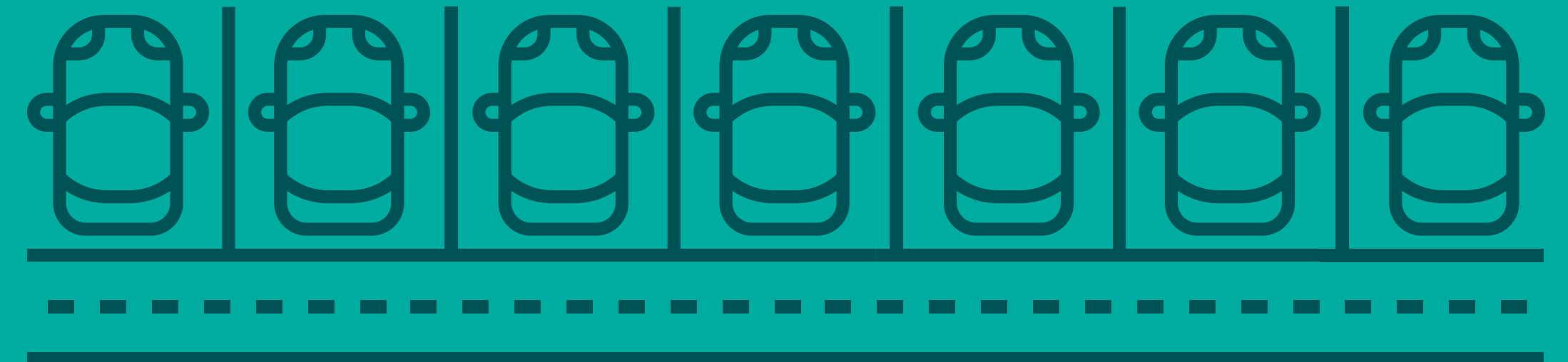
**There were some positive experiences in hospitals. For example, one person praised the Northern General Hospital for “good service, kind and supportive doctors, nurses and receptionists”.**

However, we also heard about some negative experiences in local hospitals such as:

- **Long waiting** between hospital procedures, resulting in delayed diagnosis
- **A & E** - long waiting times
- **Environment** - including the quality of food, hospital access for pedestrians and by public transport, and the availability of hospital parking.



**You can't get parked, you arrive an hour before your appointment and still can't find a space. People often give up and go home.**



# Social Care

**Accessing support** – people described being fearful that they wouldn't get the right support, or that they would lose what they had.

**Assessment processes** were seen as confusing and taking a long time.

**Care homes** – we heard concerns that people living in care homes weren't getting the support and stimulation they needed.

**Care at home (domiciliary care)** – this was seen as a better option than care homes, but we were told that home care visits felt rushed and that it is not possible to build a good relationship because different members of staff provide support.

**Family involvement** – we were told that family were not being involved in different aspects of care.

**Carers** – we heard there was a need to look at what support is provided to carers and particularly into older carers, and ageing parent carers.

**Navigating the care system** – people felt it is hard to understand and navigate the system, specific examples of this were in areas such as dementia care, information for people who are self-funding, and understanding legal principles around Deprivation of Liberties, and financial contributions to social care.



**My most recent review removed some of my budget, now I can't do the things I want to do or used to do. ...I still lead a fully independent life but if the time comes that I need more support in the home, I worry about the difficulty in getting access to the support needed.**



**Our older generation should not be side-lined as not worth the time or not needing to be part of a community - we will all be there one day and deserve care with dignity. We need to change our culture around this and do more as individuals, and through the services we offer.**



# The right support

Local people felt that services should better **accommodate particular needs and life circumstances** including people of different ages, women, the Black, Asian, Minority Ethnic and Refugee (BAMER) community, disabled people, etc. Particular themes within this were:

- **Tailored mental health support** emerged as an issue across different groups - people felt there should be more tailored support available.
- **Raising awareness and challenging social stigma** was something raised across different groups we spoke to. There needed to be better understanding of people's individual circumstances.
- **Greater control and involvement** - there was a strong sense that local people should have a say in how services are delivered.



**Only when everyone is included in the decision making, planning and running of services will we have the correct service delivering it correctly for the people who need it.**



# Cross service issues

We also found some **common issues** with services in the city.

- **Working together** - we learned that there were issues with how services such as GPs, hospitals and pharmacies are working together and that patient information is not being passed on between services. In addition, we heard about issues with how the health and social care systems work together. For example, we heard that people's care needs were not being met while in hospital and that appropriate care is not put in place after hospital discharge.
- **Customer service** - we heard negative reports around staff attitudes, appointment reminders and the environment in waiting areas.
- **Health and social care workforce** - there were concerns with the working conditions of staff in health and social care services in terms of decent pay and job security.



**...the journey [from initial GP consultation to hospital treatment] is disjointed, protracted, inefficient and involves a great deal of waste, both in terms of resources and time. Not to mention creating patient anxiety and frustration.**





# Wider social, economic and environmental issues

People described how wider social and environmental issues are impacting their health and wellbeing.

- **Public transport** – people reported some poor experiences of public transport, and described the negative impact of this, including missed appointments, loneliness and poor air quality in some areas.
- **Navigating wider support systems** – there was a sense that it is difficult to navigate available support in terms of benefits, employment and training opportunities. This in turn could impact on people's mental health.
- **Climate and the environment** – some people described concerns about these as key issues and asked that they be considered by local authorities.
- **Accessibility** – there were calls for better physical access around the city for disabled people, for example in transport and housing.
- **Safety in the city** - emerged as a shared concern. People called for safer community areas and subways and better street lighting.
- **Community spirit** - on a more positive note, some spoke about how important it is for people to work together. Some were also interested in setting up community activities but shared some practical challenges such as funding and finding a venue.



**I would like the local health services to plan everything in the light of the climate and public health emergencies which are already affecting our lives.**





# Prevention of health issues and promotion of wellbeing

**People felt that more preventative work could be done to improve health, for instance, by increasing annual health checks and cancer screening.**

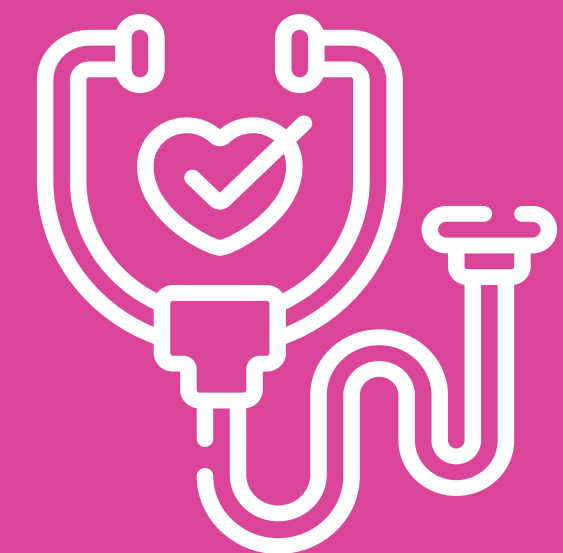
In addition, people felt that if services get involved early on it could lead to better health outcomes and ease pressure on health services.



People also spoke about more proactive ways to promote health and wellbeing including social prescribing, providing information, and health education sessions in schools and community centres. Some were also interested in physical activity and healthy eating.



**Empowering people to keep well through access to good food, exercise, social support etc. could improve individual lives and reduce strain on health services.**



# Attitudes towards Healthwatch Sheffield and how we work

The people we spoke to told us what we are doing well and what Healthwatch Sheffield could do better.

## Things people said we do well:

- ✓ Enabling the voice of local people
- ✓ Reaching out to different communities
- ✓ Working co-productively
- ✓ Writing good reports
- ✓ Speak Up Grants

## Things we could do better

- Expand our outreach using different channels to reach people
- Ensure diversity
- Raise awareness of our role more widely with local people and organisations

There were suggestions about how we can do better engagement and impact.

In terms of engagement, people told us about a range of communication channels they find useful including e-mail, phone, post and face-to-face meetings with local groups and organisations. Advertising through the local press, radio and TV, and putting copies of our newsletter in local libraries were all suggested as ways to raise awareness about Healthwatch for those who do not use a computer.

Local people recognised that to achieve better outreach we would need to expand our capacity and attracting more volunteers was suggested.



**“Be more visible!”**



**I have frequently been impressed by the person-centred approach that Healthwatch Sheffield workers demonstrate in their contacts with people who use services and carers.**



**I like that you are an independent representative of the views of the public for Sheffield.**



# Influencing change

**There were also suggestions about how we could impact positive change.**

- **Working more closely with service providers** - our Enter and View visits were seen as one good way to do this.
- **Connections with decision makers** - our existing connections were noted, but it was suggested that we could more actively work with stakeholders who have the power to allocate funding.
- **Our established routes in impacting health services were noted.** However, it was suggested that we should work more closely with the local council to impact **social care services.**



**“Think outside the box.”**

# Next steps

Based on what you told us, the following key issues will help shape the work of Healthwatch Sheffield in 2020-22.

- **Experiences with mental health services**
- **The implementation of person-centred care in services**
- **The co-ordination between local services**
- **The ways services keep individual patients and the local community informed**
- **The ways in which services promote health and well-being**



**Health and social care services have recently changed due to the Covid-19 outbreak.**

We are currently working on a survey to investigate local people's experiences of these changes. The findings from this report will form part of our consideration about our future strategy, together with the more recent intelligence we have received after the outbreak of Covid-19

Healthwatch Sheffield helps adults, children and young people influence and improve how services are designed and run. We're completely independent and not part of the NHS or Sheffield City Council.

If you have an experience of health or care services that you would like to share with us, or would like to get involved in our work, please get in touch.

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